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HUNTON & WILLIAMS LLP
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_____ (Signature)
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APPLICATION NO.	FILING DATE	PURPOSE/INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10765-255	02/27/2001	George Douglas Pearson JR	66007.9	9251

TITLE OF INVENTION: MODULATED AC/DC ETH. AGGLOMERATION SYSTEM AND METHOD

APPL. TYPE	INVENT. ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	TRANS. FEE/NO. FEE	TOTAL FEE DUE	DATE DUE
Nonprovisional	NO	\$1600	\$700	\$0	\$2300	12/12/2005

INVENTOR	NAT. CTRY	CLASS. / CLASS.
HOPKINS, ROBERT A	USA	001-02000

1. Change of correspondence address or indication of "to be addressed to" (FCR 1.201) <input type="checkbox"/> Change of person, indicate address for Change of Correspondence Address (see FCR 1.201) attached. <input type="checkbox"/> "Use Address" indication for "Use Address" indication then FCR 1.201, Box 10-2 or note record attached. Use of a Change Number is required.	2. The mailing of the patent from page 101 <input type="checkbox"/> The mailing of up to 2 registered patent attorneys or agents GR, electronically. <input type="checkbox"/> The mailing of a single item (recap) as a registered attorney or agent and the mailing of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Hunton & Williams LLP
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3. **ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (FCR 1.201)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recording in the USPTO. (FCR 1.201). Completion of this form is NOT a substitute for filing an assignment.

(a) NAME OF ASSIGNEE (b) RESIDENCE (CITY AND STATE OR COUNTRY)

Board of Regents, The University of Texas System Austin, Texas

Classify the appropriate assignee category or categories (it will be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fees are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (the small entity discount permitted). <input type="checkbox"/> Other (List:) of Fees	4b. Payment of Fees (Please first reconfirm any previously paid fees for each a dividend) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form 1130-1130 is attached. <input checked="" type="checkbox"/> The three e-bills authorized to change the mailing address, any delivery, or credit any overpayments in Deposit Account Number: 60-0206 (include an extra copy in this filing)
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Authorized Signature: 
 Printed or relayed name: **Thomas E. Anderson**

Date: **November 2, 2006**
 Receipt No: **37-083**

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